

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/172263

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		1				
6		0				
7		0				
8		0				
9		0				
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27	1					
28		0				
29		0				
30		0				
31		0				
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
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48						
49						
50						
TOTAL IND.	16					
TOTAL DEP.		23				
TOTAL CLAIMS	39					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS